



# Unannounced Care Inspection Report 23 & 24 May 2018



## Bohill House

**Type of Service: Nursing Home (NH)**  
**Address: 69 Cloyfin Road, Coleraine, BT52 2NY**  
**Tel No: 028 7032 5180**  
**Inspector: James Laverty**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 80 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Amore (Ben Madigan) Ltd  <b>Responsible Person:</b> Mrs Nicola Cooper	<b>Registered Manager:</b> Mrs Tracey Henry
<b>Person in charge at the time of inspection:</b> Mrs Tracey Henry	<b>Date manager registered:</b> 15 August 2011
<b>Categories of care:</b> RC-DE, NH-I, NH-DE	<b>Number of registered places:</b> 80 comprising:  36 – NH-DE (ground floor dementia unit); 26 – NH-I  There shall be a maximum of 18 named residents receiving residential care.

### 4.0 Inspection summary

An unannounced inspection took place on 23 May 2018 from 09.35 to 15.50 hours and 24 May 2018 from 09.25 to 15.30 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to monitoring the professional registration of staff; management of accidents and incidents, communication with the multiprofessional team and governance processes which focus on quality assurance and service delivery.

Three areas for improvement under regulation was identified in relation to adherence to the Control of Substances Hazardous to Health (COSHH) regulations, the management of patients at risk of falling and the dining experience of patients.

Two areas for improvement under the standards were identified in relation to the management of volunteers and care records relating to mouth care for patients.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*3	2

\*The total number of areas for improvement includes one regulation which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Tracey Henry, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 8 November 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 8 November 2017. There were no further actions required to be taken following the most recent inspection. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit

During the inspection the inspector met with 12 patients, four patients' relatives/representatives, five staff and one volunteer. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

A poster informing visitors to the home that an inspection was being conducted was also displayed within the front entrance.

The following records were examined during the inspection:

- staff duty rota for the period 7 to 24 May 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2018/19
- accident and incident records
- one staff recruitment and induction file
- minutes of staff and relatives' meetings
- five patients' care records
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not met.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 8 November 2017**

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 8 & 9 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a)(c)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered persons must ensure that chemicals are stored in keeping with COSHH regulations.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment evidenced six areas in which chemicals/substances were not stored in keeping with COSHH regulations. This is discussed further in section 6.4.  This area for improvement has not been met and is stated for a second time.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed by:</b> 6 September 2017	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.  <b>Ref: Section 6.4</b>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment confirmed that the infection prevention and control (IPC) issues identified during the previous care inspection had been effectively managed to minimise the risk and spread of infection.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered persons must ensure that the care records for all patients requiring enteral feeding via a PEG tube accurately reflect the care being prescribed in compliance with legislative requirements and best practice guidance.	<b>Met</b>
	<b>Ref: Section 6.5</b>	

	<p><b>Action taken as confirmed during the inspection:</b> Review of care records for one patient requiring enteral feeding confirmed that the current care plan accurately reflected the care being prescribed in compliance with legislative requirements and best practice guidance.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 18 <b>Stated:</b> First time <b>To be completed by:</b> 6 September 2017</p>	<p>The registered person should ensure that patients and/or their representatives are involved in decision making prior to restrictive practices being implemented and where possible, consent is obtained. The registered person should also ensure that relevant care plans are in place which reflect this engagement with patients and/or relatives as appropriate.</p> <p><b>Ref: Section 6.5</b></p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of care records for one patient requiring restrictive nursing interventions confirmed that a best interest decision making process had taken place prior to restrictive practices being implemented. Relevant care plans were in place which reflected this process.</p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time <b>To be completed by:</b> 6 September 2017</p>	<p>The registered persons shall ensure that all practices and routines within the home promote and safeguard the principles of patient dignity, wellbeing and respect at all times, specifically in relation to the dining experience of patients.</p> <p><b>Ref: Section 6.6</b></p>	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Observation of the lunch time meal evidenced several shortfalls which are discussed further in section 6.6.</p> <p>This area for improvement has not been met and has been subsumed into a new area for improvement under regulation.</p>	

<b>Area for improvement 5</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time <b>To be completed by:</b> 6 September 2017	The registered persons shall ensure that all governance and audit processes are managed effectively in order to ensure that the home delivers services effectively in accordance with legislative requirements, minimum standards and current best practice. Specifically, care record audits and monthly monitoring visits.  <b>Ref: Section 6.7</b>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of governance records alongside discussion with the registered manager provided assurance that all governance and audit processes were managed effectively, specifically, care record audits and monthly monitoring visits.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First time <b>To be completed by:</b> 6 September 2017	The registered persons should ensure that a record of attendance is obtained in respect of all staff meetings including signatures of attendance.  <b>Ref: Section 6.7</b>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of governance records evidenced that a record of staff attendance was maintained in keeping with existing care standards.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. Discussion with the registered manager also confirmed that contingency measures were in place to manage short notice sick leave when necessary. The registered manager advised that from 7 to 24 May 2018 there were no occasions when planned staffing levels were not adhered to due to staff sickness. Discussion with patients, patients' relatives and staff confirmed that they had no concerns regarding staffing levels.

Discussion with the registered manager and review of governance records evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both supervision and appraisal.

Discussion with the registered manager indicated that training was planned to ensure that mandatory training requirements were met. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice. Furthermore, 'Link' nurses were identified throughout the home that had undergone additional training, including:

- nutrition
- dementia dignity champions
- continence advisors
- medication liaison
- palliative care

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. However, some weaknesses were noted in relation to the management of patients who were assessed as being at risk of falling. This is discussed further in section 6.5.

Discussion with the registered manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. The registered manager advised that the ASC position report would be compiled within expected timescales. It was brought to the inspector's attention that additional therapies for patients were available via means of a volunteer within the home. While efforts to ensure that a holistic approach to patients' needs is commended, it was noted that no AccessNI check had been carried out prior to the use of a volunteer within the home. It was stressed to the registered manager that appropriate safeguarding checks must be carried out prior to any individual participating in a volunteering role within the home. An area for improvement under the standards was made.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. Current RQIA guidance relating to statutory notifications was discussed with the registered manager in order to ensure that unnecessary notifications would be avoided.

Discussion with the registered manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records confirmed that the registered manager had reviewed the registration status of nursing and care staff on a monthly basis.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms, were personalised with photographs, pictures and personal items. It was noted that medical equipment was stored insecurely in one area and was a potential hazard to patients. The need to ensure that such risks are effectively managed was discussed with the registered manager who ensured that the identified area was immediately addressed. It was further observed that while signage was used within the home to indicate whenever oxygen therapy was in use, this was not done consistently in all areas. This was highlighted to the registered manager and it was agreed that appropriate signage should be in use in all relevant areas. Appropriate signage was evident throughout the home, as required, before the inspection concluded.

Fire exits and corridors were observed to be clear of clutter and obstruction. While observation of staff on the day of inspection evidenced that they adhered to safe fire practices it was noted that significant quantity of patient equipment/miscellaneous items were inappropriately stored within one storage room. It was stressed to the registered manager that all adequate precautions against the risk of fire are taken and that best practice standards in relation to fire prevention are adhered to. It was agreed that the storage area would be immediately reviewed and appropriate action taken.

A review of the care record for one patient evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, specifically, the use of an alarm mat. Care records also confirmed that a best interest decision making process had taken place prior to restrictive practices being implemented. Relevant care plans were in place which reflected this process.

Some deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely: the inappropriate storage of incontinence products and medicine cups, one linen store which was poorly maintained and the ineffective cleaning of wall mounted toilet paper dispensers. These deficits consequently impacted the ability of staff to deliver care in compliance with IPC best practice standards and guidance. This was discussed with the registered manager who confirmed before completion of the inspection, that all such deficits had been addressed along with professional supervision of appropriate staff to ensure that best practice IPC standards are embedded into practice.

Observation of the environment further identified the insecure storage of two topical medications and thickening agents. This was discussed with the registered manager and all items were immediately secured. The need to ensure that all medicines are stored securely at all times was emphasised. The registered manager also confirmed that the deputy manager carried out professional supervision with nursing/care staff on duty to reinforce the need for managing such items safely.

During a review of the environment it was noted that there were six areas in which patients could potentially have had access to harmful chemicals. This was discussed with the registered manager and it was stressed that the internal environment of the home must be managed to ensure that Control of Substances Harmful to Health (COSHH) regulations are adhered to at all times. The identified substances were secured by the registered manager before the conclusion of the inspection and an area for improvement under regulation was stated for a second time.

Systems were in place to monitor the incidents of HCAI's and the registered manager understood the role of the Public Health Authority (PHA) in the management of infectious outbreaks.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff and staff training.

## Areas for improvement

One area for improvement under regulation in relation to COSHH compliance was stated for a second time.

One area for improvement under the standards was highlighted with regards to the use of volunteers.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Discussion with staff and the registered manager evidenced that nursing/care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' conditions and that they were encouraged to contribute to the handover meeting. It was further noted that a 'handover sheet' was completed by nursing staff and then given to care staff on duty. This sheet contained pertinent information relating to the care needs of patients. One member of the care staff spoken with stated, "It's helping." It was also observed that nursing staff completed a daily report for the attention of the registered manager/deputy manager to highlight any significant issues relating to the ongoing needs of patients. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals.

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the registered manager. Staff spoke positively about working within the home

Supplementary care charts, such as repositioning and food/fluid intake records, evidenced that these records were maintained in accordance with best practice guidance, care standards and legislative requirements. While staff who were spoken with demonstrated an awareness of the importance of contemporaneous record keeping, a review of supplementary mouth care records for one patient highlighted that these had not been completed from 21 to 24 May 2018. Discussion with nursing staff and observation of the patient provided assurance that the patient's oral health appeared satisfactory. This deficit with regards to care records was highlighted to the registered manager and an area for improvement under the standards was made.

There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found.

Review of the care record for one patient requiring ongoing enteral feeding confirmed that a comprehensive and person centred care plan was in place which accurately referred to current dietetic advice which was available within the patient's care file. However, some older enteral feeding regimens were also available within the current care record and may potentially have been confusing for staff unfamiliar with the patient's assessed needs. Discussion with nursing staff on duty provided assurance that they had a good understanding of the patient's enteral care needs. The importance of archiving out of date/unnecessary patient information was agreed with the registered manager. Nursing staff appropriately archived the highlighted information before the conclusion of the inspection.

Care records for one patient requiring ongoing wound care were also reviewed. These records evidenced that appropriate risks assessments and care plans were in place. Supplementary wound care records were completed in a comprehensive and consistent manner which accurately reflected the plan of care. It was noted however, that there was one occasion when supplementary wound care records did not evidence that the prescribed dressing regimen had been adhered to by staff. This was brought to the attention of the registered manager and the need to ensure that patients' dressing regimens are adhered to at all times was stressed. Nursing staff confirmed during the inspection that the patient's wound was improving.

Shortfalls were identified in relation to the management of patients who were assessed as being at risk of falling. Review of the care record for one such patient highlighted that while a relevant care plan was in place, there was no evidence that it had been reviewed in a timely manner. It was also noted that although a comprehensive risk assessment had been completed to manage the risk of falls, the identified nursing interventions required to manage the risk had not been fully included within the patient's care plan. It was further observed on the second day of the inspection that staff used a cushion and two folded rugs adjacent to a patient's bed in case the patient fell from their bed. This was highlighted to the registered manager and the need to ensure that the specific risk of falling from bed is comprehensively risk assessed and care planned was emphasised. It was also stressed that staff must only employ the use of interventions/equipment which are appropriate for effectively ensuring the safety of patients. In addition, while this patient's care plan directed staff to check the patient every 15 minutes while in bed, supplementary care records evidenced that staff had only done so every hour between 19.00 to 06.00 hours for the period 17 to 23 May 2018. An area for improvement under regulation was made.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication with the multi-professional team.

### Areas for improvement

An area for improvement under regulation was identified in regards to the management of falls.

An area for improvement under the standards was made in relation to mouth care records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

## 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Staff interactions with patients were observed to be compassionate and caring. All patients were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the registered manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Feedback received from several patients during the inspection included the following comments:

"The girls look after me well."

"The nurses are lovely."

"The staff are grand ... I recommend it."

Feedback received from patients' relatives/representatives during the inspection (including written compliments on display) included the following comments:

"...care is brilliant ... staff are very proactive."

"I think care delivery is very good."

"... all of the staff showed warm, respectful and dignified care ..."

Feedback received from staff during the inspection included the following comment:

"I would recommend working here ... if you're prepared to do the work. Tracey and Joy are very supportive."

In addition to speaking with patients, patients' relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients' relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, no questionnaires have been returned within the specified timescales. Questionnaire comments received after specified timescales will be shared with the registered manager, as necessary.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home. The registered manager stated that recent questionnaire feedback from patients/relatives in January 2018 highlighted a desire for more religious services being made available within the home. In response, the registered manager confirmed that actions had been taken to help ensure that effective arrangements were in place to meet patients' religious and spiritual needs within the home.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Observation of the lunch time meal within one dining area evidenced that patients were given a choice in regards to the meals being served. The dining area appeared to be clean, tidy and appropriately spacious for patients and staff. All patients appeared content and relaxed in their environment. However, some deficits were observed with regards to the dining experience of patients, specifically: one patient was observed sitting within the dining area for 40 minutes before their meal was served; no napkins/serviettes were available for patients within the dining area; several meals were reheated by care staff within a dining room servery before being served to patients; one patient, who required assistance with eating lunch, waited 10 minutes before staff provided such help. In addition, review of kitchen and dining room records highlighted that one patient’s dietary allergy was not referenced. While discussion with nursing staff confirmed that they were aware of the allergy, some care staff on duty were not. This was highlighted to the registered manager and an area for improvement under regulation was made.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff communication with patients.

**Areas for improvement**

An area for improvement under regulation was made in regards to the dining experience of patients.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registered manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis. These policies were not reviewed during this inspection.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. It was also confirmed with the registered manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

Discussion with the registered manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Staff recruitment information was available for inspection and records for one staff member evidenced that all relevant checks including enhanced AccessNI checks were sought, received and reviewed prior to them commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The registered manager confirmed that the equality data collected was managed in line with best practice guidance.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and that minutes/records of attendance were maintained. Staff confirmed that such meetings were held and that the minutes were made available.

A review of governance records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided, for instance, Quality Walk Round (QWR) audits were completed regularly by the registered manager and/or other senior staff within the home. These audits focused on various areas including: the environment, documentation, dementia care and medication. In addition, the registered manager also completed a comprehensive Home Manager audit on a quarterly basis. Review of care record audits, which formed part of the Home Manager audit, completed on 2 February 2018, evidenced that four patients' records were audited. These selected patients were also chosen as the 'resident of the day' which required nursing staff to review all aspects of the patient's care. The registered manager further stated that a new process of internal care reviews has also been commenced within the home as an adjunct to existing Health and Social Care (HSCT) reviews. These are carried out by nursing staff who invite both patients and their relatives/representatives to attend. The registered manager stated that this initiative has been received positively by patients and families and has helped to ensure ongoing quality improvement within the home. Review of one environmental audit and one dementia care audit did highlight that while deficits were clearly identified along with any required actions, there was no corresponding deadline for completion or who was responsible for carrying out the action required. This was discussed with the registered manager who agreed to record this information in order to ensure that all audits remain robust and effective.

Discussion with the registered manager and a review of records evidenced that an up to date fire risk assessment was in place.

Discussion with the registered manager evidenced that there was a process in place to ensure that urgent communications, safety alerts and notices were reviewed, and where relevant, made available to appropriate staff in a timely manner. Medical device and equipment alerts which are published by the Northern Ireland Adverse Incident Centre (NIAIC) were reviewed by the registered manager and shared with all grades of staff as appropriate.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance processes relating to quality assurance/service delivery, and staff management.

### Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tracey Henry, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)(c)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that chemicals/substances are stored in keeping with COSHH regulations.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> On the day of the inspection the chemicals found were immediately removed and locked away in a designated area. This was addressed with the housekeeping staff through supervision on the day of the inspection. Daily "ad hoc" checks are carried out and the aforementioned has been highlighted through daily flash meetings. One tin of "thickner" was identified on the top of a wardrobe - this was removed immediately on the day of the inspection and a supervision carried out with staff.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 12 (1) (a)(b)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the following in relation to the management of patients at risk of falling:</p> <ul style="list-style-type: none"> <li>• that care plan(s) are in place which comprehensively describe the assessed needs of patients (including any risk of falling from bed, were appropriate),</li> <li>• that relevant care plans are reviewed in a timely manner,</li> <li>• that any equipment used is appropriate and fit for purpose,</li> <li>• that all nursing interventions are compliant with prescribed care and contemporaneously/accurately documented.</li> </ul> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> On the day of the inspection the above was discussed and the plan of care for the identified service user was reviewed and updated accordingly. The service user had been transferred from residential dementia care to nursing dementia care.</p> <p>The risk assessments have been updated to reflect the needs of the service user.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons shall ensure that all practices and routines within the home promote and safeguard the principles of patient dignity, wellbeing and respect at all times, specifically in relation to the dining experience of patients. This includes the effective communication of patients' dietary allergies, where appropriate.</p> <p>Ref: 6.6</p>
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 42</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that there are robust governance processes in place which ensure that safeguarding checks are carried out on volunteers before they participate in a volunteering role.</p> <p>Ref: 6.4</p>
<p><b>Response by registered person detailing the actions taken:</b></p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 6.14</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the delivery of mouth care to patients is compliant with prescribed care and best practice guidance. Supplementary records relating to the provision of mouth care should be completed contemporaneously and accurately.</p> <p>Ref: 6.5</p>
<p><b>Response by registered person detailing the actions taken:</b></p>	
<p>The records were reviewed on the day of the inspection and a new mouth care check list record has been developed for staff to complete.</p>	

*\*Please ensure this document is completed in full and returned via Web Portal\**



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